SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS PILED IND. IND. DEP. IND. DEP. INC. DEP. IND. DEP. IND. DEP. H TOTAL TOTAL TOTAL THE OWN POR ADDITIONAL GLADING OR AND THE OWNER OF AND THE OWNER OF THE OWNER OWNER OF THE OWNER O VII. OHPARTMENT of COMMERCE Potons one Tresomorts Office